Fill in this information to identify the case:	
Debtor 1	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: District of(Sta	te)
Case number	
Official Form 410S1	
Notice of Mortgage Payment Ch	nange 12/15
the debtor's plan provides for payment of postpetition contractual instebtor's principal residence, you must use this form to give notice of an a supplement to your proof of claim at least 21 days before the new p	y changes in the installment payment amount. File this form
Name of creditor:	Court claim no. (if known):
Last 4 digits of any number you use to identify the debtor's account:	Date of payment change: Must be at least 21 days after date// of this notice
	New total payment: Principal, interest, and escrow, if any
Part 1: Escrow Account Payment Adjustment	
 Will there be a change in the debtor's escrow account paym No Yes. Attach a copy of the escrow account statement prepared in a fo the basis for the change. If a statement is not attached, explain 	rm consistent with applicable nonbankruptcy law. Describe
Current escrow payment: \$	New escrow payment: \$
Part 2: Mortgage Payment Adjustment	
2. Will the debtor's principal and interest payment change bas variable-rate account?	ed on an adjustment to the interest rate on the debtor's
 □ No □ Yes. Attach a copy of the rate change notice prepared in a form consattached, explain why: 	
Current interest rate: 9/	Now interest rate:

Part 3:

☐ Yes. Attach a copy of any documents describing the basis for the change, such as a repayment plan or loan modification agreement. (Court approval may be required before the payment change can take effect.)

3. Will there be a change in the debtor's mortgage payment for a reason not listed above?

Current principal and interest payment: \$ _____

Reason for change: _ New mortgage payment: \$ _____ Current mortgage payment: \$ ___

Desc

Other Payment Change

New principal and interest payment: \$____

Debtor 1 Case number (if known) Case number (if known)

Part 4: Si	gn Here					
The person telephone n		Notice must sign it. S	ign and prin	t your name	and yo	our title, if any, and state your address and
Check the ap	propriate box.					
☐ I am t	ne creditor.					
☐ I am t	he creditor's auth	orized agent.				
		ū				
l declare ur knowledge	der penalty of pinformation, ar	perjury that the info nd reasonable belie	rmation pro f.	ovided in tl	nis clai	im is true and correct to the best of my
×	a. Hir	- 3			Date	
Oignagaro		79				
Print:					Title	
·	First Name	Middle Name	Last Name			
Company						
Company						
Address						
	Number	Street				
	City		State	ZIP Code		
Contact phone	(·			Email	



Mail Code: 10-421-CN2 P.O. Box 12646 Reading, PA 19612 Customer Service: 1-877-70

ACCOUNT BILLING SUMMARY

119-0.5400 000003BFXAURJ 1/2 BIN:0 0-473

Customer Service: 1-877-768-2265 www.SantanderBank.com

119-0.5400 000003BFXAURJ 1/2 BIN:0 0-473 DEBORAH S DOWNS 240 EDINBURGH RD YORK PA 17406-9739

լԱլկիինիիդիդիուններիցիիցիկիննիիինուինիոն

STATEMENT OF ACCOUNT

Account Number:

ACCOUNT BALANCE SUMMARY

04-18-2024 Statement Date: Statement Period From: 03-19-2024 Statement Period Through: 04-18-2024 Days in Statement Period: 31 \$36,558.10 Current Balance: Credit Line Amount: \$0.00 Available Credit: \$0.00 End of Draw Date: 07-19-2029

Minimum Payment: \$482.37 Payment Due Date: 05-11-2024

Important Message

Statements produced on or after December 2021 are now available online. To access, please enroll in paperless statements through online banking or our mobile app.

D: : 1D		0454.44	D : : D	# 00.00	0.00	
Principal Due		\$151.44 Beginning Balance		\$36,690.09		
INTEREST CHARGE Due		\$330.93	Advances	\$0.00		
Past Due Amount		\$0.00	Payment Received	\$46	2.92	
Late Charges Due		\$0.00	Insurance Premium	\$	\$0.00	
Fees Due		\$0.00	INTEREST CHARGE	\$33	0.93	
Payment Short	age	\$0.00	Late Charges	\$	0.00	
Total Minimun	n Payment Due	\$482.37	Fees	\$0.00		
			Adjustments	\$	0.00	
			Ending Balance	\$36,55	8.10	
			Unapplied Credit Balance	\$	0.00	
		SUMMARY OF REVOLVIN	IG ACCOUNT BALANCE			
Periodic Rate From	1	03-19-2024	Periodic INTEREST CHARGE		\$330.93	
Periodic Rate Through		04-18-2024	ANNUAL PERCENTAGE RATE		10.7500	
Payment Amount		\$482.37				
Daily Periodic Rate		0.0002937158				
Balance Subject to Interest Rate		\$36,344.89	Ending Principal		\$36,227.17	
* The daily pe	eriodic rate may vary.					
		TRANSACTION ACTIVITY SIN	CE YOUR LAST STATEMENT			
Posting Date	Effective Date	Activity Description		Amount	Balance	
	03-19-2024	BEGINNING PRINCIPAL			\$36,379.23	
04-15-2024	04-12-2024	PAYMENT RECEIVED - THANK YOU	J	\$462.92	\$36,227.17	
		TO PRINCIPAL		\$152.06		
		** INTEREST CHARGE **		\$310.86		
	04-18-2024	ENDING PRINCIPAL			\$36,227.17	
******	******	********************************* FEE	S ************************************	******	*****	
		TOTAL FEES THIS PERIOD		\$0.00		

Please return this portion with your check.

TOTAL INTEREST THIS PERIOD



Account Number	Due Date	Payment Due	Amount Enclosed
	05-11-2024	\$482.37	

\$330.93

DEBORAH S DOWNS 240 EDINBURGH RD YORK PA 17406-9739

Make Check Payable To:

Santander Bank, N.A, P.O. Box 847051 Boston, MA 02284-7051

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF PENNSYLVANIA

In Re: Deborah Suzanne Downs	Chapter #13 Case No. 24-00638 Honorable Henry W Van Eck		
Debtor			

CERTIFICATE OF SERVICE

I, Lynn A Grimm of Santander Bank, N.A., do hereby certify that on April 22, 2024, I caused to be served a copy of the Notice of Payment Change on the service list below by having a copy of the same mailed by the first class mail, postage prepaid or other method specified on service list.

Signed under the penalties of perjury, this 22nd day of April, 2024.

Lynn A Grimm
Santander Bank, N.A.
Bankruptcy Administrator
450 Penn Street
Reading, PA 19602
(610) 988-0977

Email: <u>DeftBkr@santander.us</u>

VIA US MAIL
DEBORAH SUZANNE DOWNS
240 EDINBURGH RD
YORK, PA 17406-9739

<u>VIA ECF</u> <u>J</u>ACK N ZAHAROPOULOS 8125 ADAMS DR STE A HUMMELSTOWN, PA 17036-8625

PAUL DONALD MURPHY AHLES PMURPHY@DPLGLAW.COM